2008 NOT-FOR-PROFIT CORPORATION

CITY-ST-7IP

TITLE

NAME STREET ADDRESS FLAGLER BEACH, FL 32136

5750 N. OCEANSHORE BLVD.

PALM COAST, FL 32137

WILSON, ANNE

Mar 03, 2008 8:00 am **ANNUAL REPORT**

Secretary of State DOCUMENT # N04000009775 03-03-2008 90185 043 ****70.00 FRIENDS OF A1A SCENIC AND HISTORIC COASTAL BYWAY, INC. Principal Place of Business Mailing Address 300 S. CENTRAL AVE P.O. BOX 328 FLAGLER BEACH, FL 32136-0328 SUITE 102 FLAGLER BEACH, FL 32136 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2175 MIZELL ROAD 2175 MIZELL Suite, Apt. #, etc. Suite, Apt. #, etc 02252008 CR2E037 (12/06) Cha-NP City & State City & State 4. FEI Number 01-0817026 Applied For ST. AUGUSTINE St. AUGUSTINE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ST. JOHNS 32080 ST.Johns 32080 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALLIE O'HARA HADEED, ALBERT J Street Address (P.O. Box Number is Not Acceptable) 104 \$ 4TH STREET FLAGLER BEACH, FL 32136-0190 MIZELL ROAD 2175 Zip Code ST. AUGUSTINE 32080 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SALLIE O'HARA BYWAY PROGRAM ADMINISTRATOR 2-27-08 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Đ-P TITLE ☐ Delete TITLE D-S ☐ Addition HELM, CHARLES M. HELM, CHARLES M NAME NAME STREET ADDRESS **PO BOX 328** 216 N. 210 AVE. STREET ADDRESS CITY-ST-7IP FLAGLER BEACH, FL 32136 FLAGLER BEACH FL. 32136 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NETHERTON, JIM NAME NETHERTON, Jim 9505 OCEANSHORE BLND. 9505 OCEANSHORE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST. AUGUSTINE, FL 32080 CITY-ST-ZIP ST. AUGUSTINE FL. 32080 TITLE Change ☐ Delete TITLE NAME JENNESS, BARBARA NAME JENNESS, BARBARA STREET ADDRESS 4300 COASTAL HWY STREET ADDRESS 4300 COASTAL HWY CITY-ST-72P ST AUGUSTINE, FL 32084 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CLARKE, KEITH NAME NAME STREET ADDRESS 37 WALKERS RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP THIF ☐ Detete ☐ Change ☐ Addition RUZECKI, MARY ANN NAME NAME STREET ADDRESS 1100 SOUTH CENTRAL AVE. STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacythent with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

D-VP

WILSON ANNE 5750 N. OCEANSHORE BLUD.

PALM COAST FL. 32,37

Change

☐ Addition

I RESIDENT

2008 NOT-FOR-PROFIT CORPORATION CHMENT

SIGNATURE: _

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